



**Georgia Secretary of State
Cemeteries Division**

CONSENT FORM

THIS CONSENT FORM MUST BE COMPLETED & SIGNED BY EACH PERSON OWNING A CONTROLLING INTEREST IN THE APPLICANT. MAKE COPIES AS NEEDED.

I hereby authorize the Georgia Secretary of State to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

Full Name (Print)

Physical Address (P.O. Boxes NOT Accepted)

Sex

Race

Date of Birth

Social Security Number

One of the following must be checked:

_____ This authorization is valid for 90/180/____ (circle one) days from date of signature.

OR

_____ I, _____, give consent to the Board to perform periodic criminal history background checks for the duration of my licensure with this state.

Signature

Date

Special licensure provisions (check if applicable):

_____ Working with mentally disabled

_____ Working with elder care

_____ Working with children